

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	DAVID RIBEIRO (Pro se)	COURT CASE NUMBER	3:04-CV-30201
DEFENDANT	DAVID S. Usher	TYPE OF PROCESS	MAIL/Hand
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Holyoke Police Department ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Appleton Street Holyoke MA, 01040		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	10
DAVID RIBEIRO (Pro se) #128571 Hamden County corrections 629 Randall Road Ludlow MA, 01056		Number of parties to be served in this case	7
		Check for service on U.S.A.	US DISTRICT COURT DISTRICT OF MASS. -9 P 2:12

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Al. Telephone Numbers, and Estimated Times Available For Service):

Employment Hours are 12:00 midnight
to
8:00 AM

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
David Ribeiro		N/A	10-18-04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	01	No. 38	No. 38	Munie C. Ryan	11-1-04

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Jackie - Chief Anthony Scott's Office	Date of Service	Time
Address (complete only if different than shown above)	12/9/04	11:30 pm
	Signature of U.S. Marshal or Deputy Munie C. Ryan #5279	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF DAVID RIBEIRO (Pro se)		COURT CASE NUMBER 3:04-CV-30201
DEFENDANT Martin W. Narey		TYPE OF PROCESS mail/Hand
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
	Holyoke Police Department	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
	Appleton Street, Holyoke ma, 01040	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	10
<input type="checkbox"/> David Ribeiro (Pro se) #128571 Hampden County corrections 629 Randall Road Ludlow ma, 01056		Number of parties to be served in this case	7
		Check for service on U.S.A.	U.S. DISTRICT COURT DISTRICT OF MASS. CIVIL P 2:13

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Ali
Telephone Numbers, and Estimated Times Available For Service):
Fold

Employment hours 12:00 midnight
to
8:00 AM

Signature of Attorney or other Originator requesting service on behalf of: David Ribeiro	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER N/A	DATE 10-18-04
--	---	--------------------------------	-------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 01	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk Marie C. Ryan	Date 11-1-04
---	----------------------------	-------------------------------------	------------------------------------	--	------------------------

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) JACKIE - CHIEF ANTHONY SCOTT'S OFFICE	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service 12/9/04	Time 11:30 pm
	Signature of U.S. Marshal or Deputy Marie C. Ryan #5270	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	---	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	DAVID RIBEIRO (Pro se)	COURT CASE NUMBER	3:04-CV-30201
DEFENDANT	Paul M. Kelly	TYPE OF PROCESS	mail/hand
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDITION		
	Holyoke Police Department		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	Appleton Street Holyoke MA, 01040		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	10
David Ribeiro (Pro se) #128571 Hampden County corrections 629 Randall Road Ludlow MA, 01056	Number of parties to be served in this case	7
	Check for service on U.S.A.	6

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Ali-Telephone Numbers, and Estimated Times Available For Service):

Employment hours 12:00 midnight
to
8:00 AM

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
David Ribeiro		N/A	10-18-04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	01	No. 38	No. 38	amie C. Am	11-1-04

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
JACKIE - CHIEF Anthony Scott's OFFICE	Date of Service	Time	an
Address (complete only if different than shown above)	12/9/04	11:30	p.m.
	Signature of U.S. Marshal or Deputy amie C. Am #5279		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	DAVID RIBEIRO (Pro se)	COURT CASE NUMBER	3:04-CV-30201
DEFENDANT	James D. Briant	TYPE OF PROCESS	mail/hand
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONFISCATE		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	Holyoke Police Department Appleton Street Holyoke MA, 01040		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	10
David Ribeiro (Prose) #128571 Hampden County Corrections 629 Randall Road Ludlow MA, 01056		Number of parties to be served in this case	7
		Check for service on U.S.A.	U.S. DISTRICT COURT DISTRICT OF MASS. 9 P 2:13 RECEIVED

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Employment hours are 12:00 midnight
to
8:00 AM

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
David Ribeiro		N/A	10-18-04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	01	No. 38	No. 38	amie c-m	11-1-2004

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
JACKIE - CHIEF ANTHONY SCOTT'S OFFICE	
Address (complete only if different than shown above)	Date of Service
	29-04
	Time
	11:30 pm
	Signature of U.S. Marshal or Deputy
	amie c-m #5279

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	DAVID RIBEIRO (Prose.)	COURT CASE NUMBER	04-30201-KPN
DEFENDANT	Holyoke Police Dept.	TYPE OF PROCESS	

SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDITION
	Holyoke Police Dept.
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	Appleton Street Holyoke MA, 01040

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form 285	8
David Ribeiro 12857 Hampden County House of Correction 609 Randall Road Ludlow, MA 01056	Number of parties to be served in this case	8
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
David Ribeiro			11/2/04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 38	No. 38	David W. Spelly	11/10/04

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
CHIEF ANTHONY SCOTT'S OFFICE — JACKIE	
Address (complete only if different than shown above)	Date of Service
	12/9/04
	Time
	11:30 pm
	Signature of U.S. Marshal or Deputy
	am ne C m #5379

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF DAVID RIBEIRO (Pro Se)		COURT CASE NUMBER 3:04-CV-30201
DEFENDANT Lt. Micheal Higgins		TYPE OF PROCESS
SERVE ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
	Holyoke Police Department	
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
	Appleton Street Holyoke ma, 01040	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	10
<input type="checkbox"/> David Ribeiro (Pro Se) #128571 Hampden County corrections 629 Randall Road Ludlow ma, 01056		Number of parties to be served in this case	7
		Check for service on U.S.A.	<input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Al. Telephone Numbers, and Estimated Times Available For Service):

Employment hours are 12:00 midnight to 8:00 AM

Signature of Attorney or other Originator requesting service on behalf of: David Ribeiro	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER N/A	DATE 10-18-04
--	---	--------------------------------	-------------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 01	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk amie c m	Date 11-1-2004
---	----------------------------	-------------------------------------	------------------------------------	---	--------------------------

I hereby certify and return that I ☒ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) JACKIE - CHIEF Anthony Scott's OFFICE		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)		Date of Service 12/9/04	Time 11:20 am.
		Signature of U.S. Marshal or Deputy amie c m #5279	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	---	----------------	---------------	------------------	--------------------------------	------------------

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	DAVID RIBEIRO (Pro Se)	COURT CASE NUMBER	04-30201-KPN
DEFENDANT	city of Holyoke / Mayor Michael Sullivan	TYPE OF PROCESS	
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	city of Holyoke		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	Holyoke city Hall, High Street Holyoke MA, 01040		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	
<input type="checkbox"/> David Ribeiro (Pro Se) Hampden county correctional 629 Randall Road Ludlow MA, 01056		Number of parties to be served in this case	1
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Al. Telephone Numbers, and Estimated Times Available For Service):

Employment hours
9:00 AM to 5:00 PM

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
David Ribeiro			11/2/04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	01	No. 33	No. 33	mmie c m	11-2-04

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.		
KIM - Mayor Michael Sullivan's OFFICE			
Address (complete only if different than shown above)			
	Date of Service	Time	am
	12/9/04	11:15	pm
	Signature of U.S. Marshal or Deputy		
	mmie c m #5219		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	DAVID RIBEIRO (Pro Se)	COURT CASE NUMBER	3:04-CV-30201
DEFENDANT	William Bennett	TYPE OF PROCESS	Hand
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONTAIN		
➡	District Attorney Hampden County		
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	50 State Street Springfield MA, 01103		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

David Ribeiro (Pro Se) #128571
Hampden County Corrections
629 Randall Road
Ludlow MA, 01056

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Employment Hours are 9:00 AM
to
5:00 PM

Signature of Attorney or other Originator requesting service on behalf of:

David Ribeiro

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

N/A

DATE

10-18-04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	01	No. 38	No. 38	mmie C. Am	11-1-2004

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

District Attorneys Office - 3rd Floor

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

12/18/04

Time

1:50 (pm)

Signature of U.S. Marshal or Deputy

mmie C. Am *5279

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	DAVID RIBEIRO (Pro Se)	COURT CASE NUMBER	04-30201-KPN
DEFENDANT	commonwealth of massachusetts / Attorney General	TYPE OF PROCESS	

SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR COND EMIN
	commonwealth of massachusetts ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Attorney General 1350 Main Street Springfield MA, 01103

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285
David Ribeiro (Pro Se) Hampden County Correctional 629 Randall Road Ludlow MA, 01056	Number of parties to be served in this case
	Check for service on U.S.A. <input checked="" type="checkbox"/>

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Employment hours
9:00 AM to 5:00 PM

U.S. DISTRICT COURT
DISTRICT OF MASS.
2004 DEC -9 PM 2
FILED
IN CLERK'S OFFICE
11/2/04

Signature of Attorney or other Originator requesting service on behalf of: David Ribeiro	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 11/2/04
---	---	------------------	-----------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 01	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk Anne C. Ryan	Date 11-2-04
---	---------------------	------------------------------	-----------------------------	--	-----------------

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) Maria - AG's OFFICE (4th FLOOR)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. Date of Service 12/9/04 Time 1:40 PM Signature of U.S. Marshal or Deputy Anne C. Ryan #5379
Address (complete only if different than shown above)	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
-------------	---	----------------	---------------	------------------	--------------------------------	------------------

REMARKS: